
APPLICATION DATA SHEET FORM

Inventor Information

Inventor One Given Name:: Gregory L.
Family Name:: Stahl
Postal Address Line One:: 290 Chestnut Street
City:: Clinton
State or Province:: Massachusetts
Country:: United States
Postal or Zip Code:: 01510
City of Residence:: Clinton
State or Province of Residence:: Massachusetts
Country of Residence:: United States
Citizenship Country:: United States

Inventor Two Given Name:: Charles D.
Family Name:: Collard
Postal Address Line One:: Texas Heart Institute
Postal Address Line Two:: Division of Cardiovascular Anesthesiology
Postal Address Line Three:: PO Box 20345
City:: Houston
State or Province:: Texas
Country:: United States
Postal or Zip Code:: 77225-0345
City of Residence:: Houston
State or Province of Residence:: Texas
Country of Residence:: United States
Citizenship Country:: United States

Correspondence Information

Name Line One:: Janice A. Vatland
Name Line Two:: Wolf, Greenfield & Sacks, P.C.
Address Line One:: 600 Atlantic Avenue
City:: Boston
State or Province:: MA
Country:: U.S.A.
Postal or Zip Code:: 02210
Telephone One:: (617) 720-3500
Telephone Two:: (617) 573-7861

Application Data Sheet Form

Fax Number: (617) 720-2441
Electronic Mail: jvatland@wolfgreenfield.com

Application Information

Title Line One:: METHODS AND PRODUCTS FOR REGULATING
Title Line Two:: LECTIN COMPLEMENT PATHWAY ASSOCIATED
COMPLEMENT ACTIVATION
Total Drawing Sheets:: 9
Formal Drawings?: Yes
Claims:: 75
Application Type:: Utility
Docket Number:: A0752.70001US01
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Contract or Grant Numbers Two::
Secrecy Order in Patent Appl.?:

Representative Information

Representative Customer Number:: 23628

Continuity Information

This application is a:: Divisional of
Serial Number:: 09/464,303
Filing Date:: December 15, 1999
claiming priority to:: Provisional
Serial Number:: 60/112,390
Filing Date:: December 15, 1998

Prior Foreign Applications

Foreign Application One::
Filing Date::

Application Data Sheet Form

Country::

Priority Claimed::

Assignee Information:

Assignee name:: The Brigham and Women's Hospital, Inc.
Street of mailing address:: 75 Francis Street
City of mailing address:: Boston
State or Province of mailing address:: Massachusetts
Postal or Zip Code of mailing address:: 02115

NOTE: *If there is more than one assignee, this information should be repeated for each one.*

NOTE: *Assignment information provided on an ADS will not be officially recorded for this application. Assignment Information is considered recorded when submitted as provided in Title 37, Section 3. Assignment information submitted on an ADS only results in the assignment information being included on the patent application publication.*